

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90024 023 \*\*\*\*61.25

40056428



02052007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N05000012410</b> 1. Entity Name <b>TRENTINO GRAND ESTATES AT PELICAN PRESERVE PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>24301 WALDEN CENTER DRIVE, SUITE 300 BONITA SPRINGS, FL 34134</b>			Mailing Address <b>24301 WALDEN CENTER DRIVE, SUITE 300 BONITA SPRINGS, FL 34134</b>		
2. Principal Place of Business - No P.O. Box # <b>School Management, Inc.</b> Suite, Apt. #, etc. <b>9411 Cypress Lake Dr Suite 2</b>			3. Mailing Address Suite, Apt. #, etc.  		
City & State <b>Fort Myers, FL.</b>		City & State  		4. FEI Number <b>20-3954493</b>	
Zip <b>33919</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HASTINGS, VIVIAN N 24301 WALDEN CENTER DRIVE, SUITE 300 BONITA SPRINGS, FL 34134</b>				7. Name and Address of New Registered Agent Name <b>Bob Gelles</b> Street Address (P.O. Box Number is Not Acceptable) <b>10 School Management, Inc.</b> <b>9411 - 2 Cypress Lake Drive</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33919</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>Robert E. Geller</b> DATE <b>4/4/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GARDNER, JOHN 24301 WALDEN CTR DR BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT JANET MCCORMACK 9263 TRIESTE DR FORT MYERS, FL. 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP TERRY, SHEILA 24301 WALDEN CTR DR BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT WILLIAM ORGAS 9269 TRIESTE DR. FORT MYERS, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST KEITH, SYLVIA 24301 WALDEN CENTER DRIVE, SUITE 300 BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC-TRES. DENNIS J. THUECKS 9292 TRIESTE DR FORT MYERS, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>DENNIS J. THUECKS</b> 3/19/07 239-768-0305 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					